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CONFIRMATION NO. 9451

Bib Data Sheet

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| SERIAL NUMBER 10/646,266 | FILING DATE 08/22/2003 RULE | CLASS 562 / 460 | GROUP ART UNIT 1625 | ATTORNEY DOCKET NO. SO 3370/2 US | | | | | |
| APPLICANTS E. Ann Hallinan, Evanston, IL; ** CONTINUING DATA ***** This appln claims benefit of 60/405,526 08/23/2002 | | | | | | | | | |
| ** FOREIGN APPLICATIONS ***** | | | | | | | | | |
| IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 11/13/2003 | | | | | | | | | |
| <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%; border-bottom: 1px solid black;"> Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <div style="display: flex; justify-content: space-between; font-size: small;"> Examiner's Signature Initials </div> </td> <td style="width: 10%; text-align: center; vertical-align: top;"> STATE OR COUNTRY IL </td> <td style="width: 10%; text-align: center; vertical-align: top;"> SHEETS DRAWING 6 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> TOTAL CLAIMS 1 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> INDEPENDENT CLAIMS 1 </td> </tr> </table> | | | | | Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <div style="display: flex; justify-content: space-between; font-size: small;"> Examiner's Signature Initials </div> | STATE OR COUNTRY IL | SHEETS DRAWING 6 | TOTAL CLAIMS 1 | INDEPENDENT CLAIMS 1 |
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| ADDRESS Pharmacia Corporation Global Patent Department Post Office Box 1027 Chesterfield, MO. 63006 | | | | | | | | | |
| TITLE Crystalline solid form of (2S,5Z)-2-amino-7-(ethanimidoylamino)-2-methylhept-5-enoic acid | | | | | | | | | |
| FILING FEE RECEIVED 1048 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | | | | | | | | |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;"><input type="checkbox"/> All Fees</td> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/> 1.16 Fees (Filing)</td> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/> 1.17 Fees (Processing Ext. of time)</td> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/> 1.18 Fees (Issue)</td> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/> Other _____</td> </tr> </table> | | | | | <input type="checkbox"/> All Fees | <input type="checkbox"/> 1.16 Fees (Filing) | <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) | <input type="checkbox"/> 1.18 Fees (Issue) | <input type="checkbox"/> Other _____ |
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